

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

		STODETARY OF STATE	
1. The name of the limited liabilit	company is:	SECRETARY OF STATI	
Auto Field Wholesale, Li	c	•	
2. The complete street and mailin	_	designated office:	
(Street Address)			
(Mailing Address, if different than street add	ess)		
3. The name and complete street	address of the registered	agent:	
Robert E Field	11176 N Avondale Loc	11176 N Avondale Loop, Hayden, ID 83835	
(Name)	(Street Address)	(Street Address)	
The name and address of at le company:	ast one member or manaç	ger of the limited liability	
Name		Address	
Robert E Field	11176 N Avondale Loc	pp, Hayden, ID 83835	
5. Mailing address for future corre	spondence (annual repor	t notices):	
11176 N Avondale	Loop, Hayden, ID 83	3835	
6. Future effective date of filing (c	ptional):		
Signature of a manager, memberson.	er or authorized		
O Mark C		Secretary of State use only	
Signature Robert E. F	w	IDAHO SECRETARY OF STATE	
Typed Name: Robert E Field		02/09/2015 05:00 K:5192 CT:306210 BH:1460	
	45		

 $16\ 100.00 = 100.00\ DRGAN\ LLC\ #2$ 

W147566

Signature \_\_\_\_

Typed Name: \_\_\_\_\_